

# SUBCONTRACTOR PERMIT APPLICATION

Date: \_\_\_\_\_  
Permit #: \_\_\_\_\_  
Permit Exp: \_\_\_\_\_  
*For Office Use Only*

**ELECTRICAL**

**MECHANICAL**

**PLUMBING**

**Job Address:** \_\_\_\_\_

**Property Owner/Tenant Name:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**COMMERCIAL**

**RESIDENTIAL**

**Description of Work** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Square Footage** \_\_\_\_\_ **Estimated Valuation of Project: \$** \_\_\_\_\_

**Fees: Commercial \$100.00 plus \$0.10 sq. foot Residential \$80.00 plus \$0.10 sq. foot**

**Permit Fee:** \_\_\_\_\_ **Plan Review Fee:** \_\_\_\_\_ **Total Fee Due:** \_\_\_\_\_

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued all provisions of the City Ordinances and State laws will be complied with whether herein specified or not. I agree to comply with all property restrictions. I am the owner of the property or the duly authorized agent.

*Permission is hereby granted to enter the premises and make all inspections.*

**• I am aware that a re-inspection fee shall apply for a no show or a red tag**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Date Approved:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_ **Init:** \_\_\_\_\_ **Total Paid:** \_\_\_\_\_